

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET 10**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

523323

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
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TOTAL IND.		↓		↓	2	↓
TOTAL DEP.		←		←	18	←
TOTAL CLAIMS					20	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						